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## BIB DATA SHEET

CONFIRMATION NO. 5751

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/706,300	11/12/2003	604	3761	GLAUKO.1C3CP1
<b>RULE</b>				

**APPLICANTS**  
 Hosheng Tu, Newport Coast, CA;  
 Barbara Niksch, Laguna Niguel, CA;  
 David Haffner, Mission Viejo, CA;  
 Gregory Smedley, Aliso Viejo, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/395,633 03/21/2003 ABN  
 which is a CON of 09/549,350 04/14/2000 PAT 6,638,239  
 This application 10/706,300 11/12/2003  
 is a CIP of 10/634,213 08/05/2003  
 which is a CIP of 10/118,578 04/08/2002 PAT 7,135,009  
 and claims benefit of 60/401,166 08/05/2002  
 and claims benefit of 60/451,226 02/28/2003  
 and said 10/118,578 04/08/2002  
 claims benefit of 60/281,973 04/07/2001  
 This application 10/706,300 11/12/2003  
 is a CIP of 10/046,137 11/08/2001 ABN  
 which claims benefit of 60/281,247 04/03/2001 /LRD/ 16 Nov 09  
 This application 10/706,300 11/12/2003  
 claims benefit of 60/425,911 11/12/2002  
 and claims benefit of 60/431,918 12/09/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
 02/09/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>/LESLIE R DEAK/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b>  CA	<b>SHEETS DRAWINGS</b>  57	<b>TOTAL CLAIMS</b>  45 19	<b>INDEPENDENT CLAIMS</b>  6
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**ADDRESS**  
 KNOBBE MARTENS OLSON & BEAR LLP  
 2040 MAIN STREET  
 FOURTEENTH FLOOR  
 IRVINE, CA 92614  
 UNITED STATES

**TITLE** Ocular implant with therapeutic agents and methods thereof  
~~Glaucoma implant with therapeutic agents~~ /LRD/ 7 Dec 2009

<b>FILING FEE</b>	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<b>RECEIVED</b> 1160	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.18 Fees (Issue)
	No. _____ for following:	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit